FILING DATE SERIAL NO. APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND. **_1** TOTAL DEP. TOTAL DEP. TOTAL TOTAL CLAIMS

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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